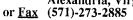
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23432 7590 11/09/2009				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
30 Rockefeller l 20th Floor	DUNHAM, LLP Plaza	0,	49.	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
NEW YORK, N 2/18/2009 CCHAU2 00		i17102 \S	<i>\$</i> /	Paul Teng) ()	(Depositor's name)	
	1510.00	W.	ACT ABRIE	- Jan	Long	(Signature)	
l FC:1501 ⊇ FC:1504	300.00	OP		December 15	, 2009	(Date)	
FU:80Q-PLICATION NO. 00 DA FILING DATE			FIRST NAMED INVENTO	OR	ATTORNEY DOCKET NO	O. CONFIRMATION NO.	
10/517,102	12/07/2004		Takayuki Abe		1141/73569	1040	
TITLE OF INVENTION	N: MAGNETIC RESONA	NCE IMAGING DEVIC	E .				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUI	E FEE TOTAL FEE(S) I	DUE DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/09/2010	
EXAN	EXAMINER		CLASS-SUBCLASS	\neg			
LUONG, PETER		3737	600-410000	_			
"Fee Address" inc PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI HITACHI Please check the appropri	AND RESIDENCE DATA less an assignee is identi th in 37 CFR 3.11. Comp GNEE MEDICAL COR riate assignee category or	Indication form ed. Use of a Customer TO BE PRINTED ON The description of this form is NOT portage. PORATION categories (will not be presented)	(2) the name of a sin registered attorney of 2 registered patent at listed, no name will listed, no name will listed at will appear on the IT a substitute for filing at (B) RESIDENCE: (CITTOKYO, CITTOKYO, C	type) patent. If an assignmassignment. IY and STATE OR CULTAPAN Individual Co	member a 2es of up to no name is 3ee is identified below, the COUNTRY)	ne document has been filed for	
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies(5)			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form). 				
a. Applicant claim	itus (from status indicated as SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no le	onger claiming SMAI	LL ENTITY status. See 3	7 CFR 1.27(g)(2).	
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requ records of the United Stat	ired) will not be accepted es Patent and Trademark	f from anyone other than Office.	the applicant; a regi	stered attorney or agent;	or the assignee or other party in	
Authorized Signature Tank			Date December 15, 2009				
Typed or printed nam			·	-	o. 40,837		
an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	dapplication form to the ions for reducing this bur /irginia 22313-1450. DO 313-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary Ien, should be sent to the NOT SEND FEES OR C	depending upon the ince Chief Information Offi COMPLETED FORMS	estimated to take 12 r lividual case. Any co icer, U.S. Patent and ' TO THIS ADDRESS	he public which is to file ninutes to complete, incli mments on the amount of Trademark Office, U.S. I SEND TO: Commissio displays a valid OMB con	(and by the USPTO to process) uding gathering, preparing, and itime you require to complete Department of Commerce, P.O. ner for Patents, P.O. Box 1450,	